Dangerous conditions, understaffing lead to worker injuries in DHHS

Based on interviews of 11 workers by ***UE Local 150, NC Public Service Workers Union***

This report focuses on the injuries of six workers on a single unit at Central Regional Hospital, a NC Department of Health and Human Services State Operated Healthcare Facility, on Sunday, June 5, 2022. The information is compiled after interviews of eleven staff from the unit. The conditions reported on this unit are not specific to just one unit, but are instructive of conditions that exist across DSOHF.

On June 5, 2022, six workers were injured on the evening shift of a single unit at Central Regional Hospital. After interviewing all the workers involved in this incident, we have determined that workers were placed in unsafe working conditions due to:

i) short staffing,
ii) lack of support from the management,
iii) schedule irregularities, and
iv) delayed Therapeutic Response Team (TRT) engagement.

Staffed to Minimums, Not Based on Acuity

When the incident occurred, staff were working with minimum coverage. The first shift was staffed with only one Nurse (to be charge nurse, medication nurse, lead nurse and everything else) and four Youth Program Education Assistants (two were on 1:1, two were assigned to groups). The unit was in need of a Licensed Practical Nurse to administer medications but one was not available. The unit had been unsettled since a fight between two patients the prior evening (June 4th). Despite patients being highly agitated, staff kept the unit safe through the morning and early afternoon. During shift change, as the evening shift staff began their shift, many patients on unit remained agitated.

The aggressor patient was already manic and hyper. A PRN medication was offered but the patient refused, and required lots of staff redirection. A call to

State mental health workers in DHHS facilities are facing a crisis of short staffing

the House Coordinator to solicit for additional staff yielded the response, "I do not do nursing schedules on your unit and I do not have any tech to send, all I can tell you is to utilize TRT when it happens". Workers on the unit stated that it is very common to receive this answer due to low staffing levels across the entire hospital.

Staffing levels, such as assigning 1:1 or even 2:1 coverage, on that unit were not available due to low staffing levels. This made it impossible to base staffing levels on the actual need according to patient behaviors (commonly referred as staffing for acuity), but instead a blind minimum.

Prevention vs treatment!

When the aggressor started the attack at approximately 15:00, during shift change, all the deficit factors came to play such as not having enough staff (to keep the 1:1s, the groups, to de-escalate the aggressive patient), delay in TRT response, delay in management support.

The nurse from the morning, was preparing reports for second shift about patient behaviors when the injurious behavior towards staff began. After having made an initial call to TRT requesting back up staff to help intervene during the escalation, the nurse made the call for TRT a second time literally crying out loud. Yet, still no TRT back up ever arrived on the unit.

"The tears I shed that day were not only for me, actually they were meant mostly for all my colleagues who were injured and for the patients who were on probable danger and unsafe! I felt I failed them,"

- **Callen Ontiri**, Registered Nurse who was injured while working that shift.

The second TRT call made by the nurse was after a narrow escape from multiple double fist punches all over the frontal aspect of her body. The enormous punches landed on her right side neck and shoulder area and everywhere while she shielded her face. The patient continued their aggression and six staff members were injured. The previous day's fight involving the same patient had one staff injured. As of June 13, all injured staff are still out of work, contributing to further understaffing. Staffing was so low, that even the Unit Nurse Director had to work the following Sunday to provide coverage on the unit.

Injuries from June 5 incident include:

Jazmine Moreno, Youth Program Education Assistant, sustained an injury to her knee and shoulder. She is scheduled to return to work on June 16.

Faizon Cutler, Youth Program Education Assistant, sustained a right knee contusion, cut on upper lip from a kick to the face, and was punched in the chest and back. He is scheduled to return to work on 6/16.

Milton Campbell, Youth Program Education Assistant, was punched in my back and a patient fell on his neck. He suffers from back and neck pain. He was released to full duty on Monday, June 13.

Vera Gekonge, Registered Nurse, had her hair pulled that lead to headache and neck pain. She is suffering from knee and back pain. She is still out of work as of June 15.

Joseph Tyler, Youth Program Education Assistant, had his hair pulled out of his scalp leading to headaches. He is also suffering from a swollen right hand and an injured hip. He is still out of work as of 6/15.

Callen Ontiri, Registered Nurse, suffers from aching pain on the right aspect of the neck, shoulder, and arm with some stiffness. She has intermittent headaches accompanied by emotional distress. As of June 16 she is still out of work.

Why did TRT not respond? Accumulated impacts from past events

After interviewing other staff on this same unit, many workers had recalled the incident on the same unit in December 2021 when five YPEA's were written up, including one, James Winston that was threatened with termination, based on a false allegation of abuse from a patient. No patient abuse from staff was ever substantiated, yet disciplinary actions remained in staffs' files.

One of the experienced YPEA's, Mustafa Stanley, that was issued a three day suspension for the incident was also a member of the TRT. Mr. Stanley previously served as a NCI instructor, training staff on how to properly intervene during patient behaviors. Unit Nurse Directors and advocacy had commented that his holds of patients are so proficient they precisely resemble the holds as taught during staff training, yet he was still written up.

The interventions with patients on this particular unit were required to be "hands off", as instructed in CPS training.

Additionally, all restraint beds have been removed, as well as most all mechanical restraints, requiring longer physical interventions and holds from staff. This exposes staff to greater risk of injury or mistake.

Being conscious of past unjust disciplinary actions, as well as other objective difficulties of this unit, created conditions that made it incredibly difficult for TRT staff to intervene in this incident.

Previous TRT staff report having quit their jobs or resigning from TRT team because the pay premium they were offered was not sufficient to compensate for the risk they take.

"Though it takes time for anyone to heal due to an injury, the level of physical pain does not overpower the mental and emotional challenges these environments can create for us. Even with our staff being certified and trained to deescalate behavior, we cannot respond in a way that we know, or feel would result in us losing our jobs. We should not feel desperate for higher income to the point of working overtime being the only option for many of us to receive more than an after-tax final amount of pay."

- Faizon Cutler,
YPEA injured on June 5

Serving the public?

State Operated Healthcare Facilities that are part of DHHS have been understaffed for many years, however, since the pandemic and macroeconomic conditions such as high inflation, the facilities have been more gravely understaffed. In a report issued last December, we reported on facilities having many units with vacant positions at 25-50%, resulting in closure of entire units.

In many of the units at CRH, such as the children and adolescent unit, all the senior staff with over 25 years of direct care experience have left.

Central Regional Hospital is funded to have a patient capacity of 375 patients, the largest state-run psychiatric hospital in North Carolina. However, due to inability to retain staff, patient census has recently been down to 267.

If conditions are not urgently addressed, more workers will leave employment, and likely more units will have to close.

RECOMMENDATIONS:

In order to address the current emergency understaffing situation at DHHS Division of State Operated Healthcare Facilities, we are recommending **four immediate changes:**

1. Retention bonuses granted to all front line positions. The 10% temporary raise that has been in effect since October 2021 needs to be immediately extended to all essential employees, including healthcare technicians, developmental technicians, nurses, Youth Program Education Assistants, pharmacy, social workers, food service, housekeeping and teachers.

2. Return to pre-pandemic minimum staffing ratiosand staffing for acuity to meet the needs of the patients on the units. Due to the hardships and understaffing faced as a result of the COVID-19 pandemic, some units have changed their staffing ratios on an "emergency" basis, requiring higher numbers of patients per staff. This needs to be reversed with a return to pre-pandemic staffing ratios. These minimum staffing ratio numbers need to be published on each unit so that all staff are aware of expectations.

3. 10% permanent raise for all Therapeutic Response Team members. Many have stopped responding without the proper financial incentive.

4. Established Centralized Computerized Staffing System. Nurse managers should have more readily available data about staffing levels and call-outs on every unit, so they are better able to allocate staff to areas of highest acuity.

Other **medium term solutions**, over the next few months that are needed include the following:

1. Facility directors should establish regular meet-n-confer sessions with UE150 leadership at each facility, and sincerely respond to suggested changes. At CRH, three meetings with Facility directors have occurred over the last 18 months. The demands around a centralized staffing system to make the red dot overtime system fairer (which entails unscheduled and forced overtime), need to be seriously considered. Additionally, CRH should establish a Nurse Advisory Committee where the top administrators meet regularly with nursing staff, in addition to more regular meetings of the Healthcare Tech Advisory Committee.

2. Establishment of a Safe Staffing Task Force
The State should appropriate money towards funding a DSOHF Safe Staffing Task Force to investigate the root causes of employee turn-over and expedite filling staff vacancies.

3. In-range salary adjustments and establish a 7 year step plan
Recognizing the need to address retention, equity, and wage compression, appropriate funds for in-range salary adjustments. These funds will allow agencies to address wage compression, salaries below market rates, gender and racial inequity for Healthcare Technicians, Therapeutic Support Specialists, Youth Program Education Assistants, Developmental Technicians, Environmental Services, Teachers and Food Services. The plan should establish a step pay plan so that all employees reach the top of their salary grade within 7 years.